

## **LIFT-FREE WORKPLACE PROGRAM**

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### **What will be covered**

- Why go lift free?
- Will it work?
- The problem
- Key elements of the program.
- Over coming objections

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### **Why Go Lift Free?**

- "Emphasis only on training in body mechanics implies that a person can do anything with his or her body as long as correct body mechanics is used<sup>1</sup>."

<sup>1</sup>Friele RD, Knibbe JJ. Monitoring the barriers with the use of patient lifts in home care as perceived by the nursing personnel. Inc., Occupational Health For The Health Care Workers (Hagberg et al eds.) Landsberg Germany 1995, 360-363.

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### Why Go Lift Free?

To...

- Reduce injury potential while assisting, transferring, and/or repositioning of patient(s).
- To facilitate the safe use of transfer aids and equipment.

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### Why Go Lift Free?

To provide...

- An easy to understand, objective, consistent means of evaluating patient transfer needs.
- A consistent technique for the assisting, repositioning, and/or transfer of patients.

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### Why Go Lift Free?

To provide...

- A means to encourage maximum participation within a Lift-Free and/or Safe Patient Handling and Movement environment.
- To provide a means of transferring patients by reducing the risk of injury.

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### Why Go Lift Free?

- 92% of nurses and aides are female
- Less than 1% of the female workforce can handle a box exceeding 50-pounds without risking injury.

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### Why Go Lift Free?

- 40% of nurses leave the profession do to back pain.
- Patients can weigh 90 to 300+ pounds

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### Why Go Lift Free?

UH data 10 year study on back losses

- 45% of those who have a back injury will have a repeat occurrence.
- 58% will have a second episode within a year.

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## Why Go Lift Free?

UH data 10 year study on back losses

- Almost 1 in 5 will have that second episode within the next 3 months.
- The average UH indemnity back claim is almost double our average indemnity claim.

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## The Problem

- Manual lifting and transferring of patients.
- Laterally transferring between two horizontal surfaces
- Repositioning in bed or chairs
- Patient goes non weight bearing
- Transporting patients
- Assisting patients
- Movement of limbs

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## The Problem

Manual lifting and transferring of patients.

- 1-2 person gait belt transfers
- Extended reaching

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## The Problem

Manual lifting and transferring of patients.

- Extended reaching
- Asymmetrical body postures
- Fallen patients

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## The Problem

Laterally transferring between two horizontal surfaces

- Use of a draw sheet or disposable plastic bag poses high risk for LBP and other Musculoskeletal injuries

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## The Problem

Laterally transferring between two horizontal surfaces

- Other key factors... stance, co-efficient of friction, bed height, forward flexion<sup>2</sup> (most significant)

<sup>2</sup>Uryd and Baptiste., Biomechanical Evaluation of Friction Reducing Devices For Lateral Transfers

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## The Problem

Patient goes non-weight bearing  
Stopping falls or patients on the floor

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## The Problem

Lifting of limbs?

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## Will Lift Free Work?

- Garg study
  - Decrease in injuries: 62%
  - Decrease in lost work days: 86%
  - Decrease in restricted work days: 64%
  - Decrease in workers' comp costs: 84%
  - WC premiums dropped from \$170,000 to \$76,000 and \$55,000
- Kennebec Long Term Care: 250 EEs, 300 beds
  - Reduced lost time days from 573 to 25 in two years
  - Premium from \$1.5 million to \$770,000 in 4 years.

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## Will Lift Free Work?

- Mt. Olivet Hospital
  - 18 months after implementing a no-lift program, total WC costs related to patient handling decreased by 95%, frequency of those same types of claims decreased by 70%, and the average number of days lost per claim decreased by 81%

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## Will Lift Free Work?

- NH in Stephenville, TX
  - Abolished single person lifts
  - Reduce lost work days by 90%
- NH in Colorado Springs, CO
  - Reduced lost time injuries by 75% in less than 2 years
- NH in Moberly, MO
  - Reduced the number of lost workdays from 473 to 16 in less than 2 years

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## Key Elements of the Program

- I. Written program consisting of
- Policies and procedures addressing
  - Patient transfers and devices
  - Managements commitment
  - Task assessment process
  - And other related concerns such as combative and bariatric patients.

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## Key Elements of the Program

### II. Establishing objective criteria

- 4 seconds bearing weight...walking belt transfer
- Less than 4 seconds...sit to stand
- Non weight bearing...total or full body transfer
- Fallen patient...full body unless able to get up on their own.

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## Key Elements of the Program

### II. Objective criteria....cont'd

- Lateral transfer devices (LTD) or Friction reducing devices (FRD) should be used for all repositioning and/or lateral transfers
- Caregiver can increase, but never decrease, level of transfer based on patient needs.

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## Key Elements of the Program

### III. Quality Assurance

- Unannounced regular transfer evaluations
- Incidents/injuries go thru a loss review process
- Quarterly comparison of equipment vs. transfer needs.

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## Key Elements of the Program

### IV. Education initial and annual

- All new hires before being assigned to the floor.
- Following all transfer incidents or injury
- If employee has been off for more than 90 days
- Annually
- Specific written criteria

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## Key Elements of the Program

### V. Progressive step disciplinary program

### VI. Maintenance

- Visual prior to all transfers
- Daily visual inspection by staff
- PM monthly formal with documentation by lift.

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Clean lift wheels  
for smooth operation

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## KEY COMPONENTS TO THE LIFT-FREE PROGRAM

- Management commitment and support
- Written program including policy and procedures
- Staff completes all transfers with the use of an assist device. All manual and personal assist transfer techniques will be replaced by mechanical lifts
- Training for workers
- Enforcement of policies and procedures pertaining to the program

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**COMMITMENT FROM:**

- Administrator
- Board of Directors
- Therapy departments
- Patient/Resident family members
- Nursing staff
- Maintenance department
- Activity department
- Other departments- laundry, housekeeping, dietary and social services

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**WHAT WILL IT COST US?**



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**POTENTIAL COSTS ASSOCIATED WITH THE DEVELOPMENT AND IMPLEMENTATION OF THE LIFT-FREE PROGRAM**

- New transfer devices
- Upgrade or enhancement of existing transfer devices
- Maintenance of devices
- Staff training
- Vendor training

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### POTENTIAL SAVINGS

- Reduction in claims: frequency and severity
- Reduction in the experience modification factor
- More favorable insurability
- Lower WC premium
- Less use of "pool" staffing

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### OTHER POSITIVES

- Maintain a high level of patient dignity
- Greater safety for patients
- Fewer injuries to patients
- Increased mobility for patients
- Greater safety for staff
- Standardized transfer procedures

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### OVERCOMING OBJECTIONS

#### ❖ Objections From Worker, Managers, Patients, Family Members, ETC.

- Investigate why patients are refusing mechanical lifts
- Refusal by a patient is a symptom. Find the cause and educate
  - ✓ Denial of the need of assistance,
  - ✓ Family resistance
  - ✓ Anxiety
  - ✓ fear



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## OVERCOMING OBJECTIONS

- ❖ "I can't afford to buy mechanical lifts. This is a small facility."
  - > Most mechanical lifts cost between \$3,500 and \$8,000.
  - > Show cost of back claims, and compare to one lift

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## OVERCOMING OBJECTIONS

- ❖ "My patients need mobility. Cont'd"
  - > Patient mobility will actually increase.
  - > A lift free workplace will also ensure a safe lift.
  - > Each patient is assessed for ability, number of staff required, weight-bearing abilities of resident, and mental capabilities.

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## OVERCOMING OBJECTIONS

- ❖ "My staff can't handle any more change. They have too much to do now."
  - > Implementation of a no-lift program will increase/improve quality assurance and safety. Continue to educate.
  - > Most resistance to change occurs when there is a lack of understanding.

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## OVERCOMING OBJECTIONS

### ❖ "My staff doesn't have time to use mechanical lifts."

- The use of a mechanical lift takes approximately one additional minute to complete a transfer. Is one minute worth the price of a back injury?
- How many patients will really be affected? A certain percentage of patients will either be able to transfer on their own or are already using lifts for other reasons.
- The safe transfer of the resident is at stake...

<sup>3</sup>Owen-Garg Nursing Home Study

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## OVERCOMING OBJECTIONS

### ❖ "Mechanical devices cannot fit into our bathrooms. How can we complete a two-assist transfer to the toilet without a lift?"

- Bathrooms are difficult places to transfer.
- There is often a lack of room.
- Urgency of the situation, to consider.
- Consider removing the bathroom doors, replace them with accordion type.
- Another suggestion is to use a commode, providing privacy with a curtain. With a commode, resident would be able to bear weight while using the sit-to-stand lift.
- Consider use of shower chair prior to or following showering. Eliminates two transfers.

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## ASSIST DEVICES AND METHODS TO ACHIEVE A LIFT-FREE WORKPLACE

- |                             |                           |
|-----------------------------|---------------------------|
| ■ Walking Belt              | ■ Shower Chair            |
| ■ Sit-to-Stand device       | ■ Bedside Commode         |
| ■ Total transfer device     | ■ Ambulation Belt         |
| ■ Lateral transfer devices  | ■ Beasy Transfer Board    |
| ■ Friction reducing devices | ■ Sliding Boards          |
| ■ Trapeze Bars              | ■ Arms of the wheel chair |
| ■ Hand Rails                | ■ Bed Height              |
| ■ Century Tub               | ■ Electric beds           |
| ■ Repositioning Pillows     | ■ Walkers and canes       |
|                             | ■ Quad Cane               |

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IT'S NOT JUST ABOUT SAVING MONEY  
(PREMIUM DOLLARS), IT'S ABOUT...

- Worker safety
- Resident safety

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Questions?

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